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In This Number

Dr. Harry C. Messinger	Page 31
<i>Address of the President of the Providence Medical Association</i>	
Dr. Russel O. Bowman	Page 33
<i>Sulfanilamide Therapy at Rhode Island Hospital</i>	
Editorial	Page 37
<i>An Appreciation of Dr. W. W. Keen With Added References to Diverticulitis Including Two Noteworthy Letters</i>	
Rhode Island Medical Society	Page 39
<i>Committees Meeting of the Council Treasurer's Budget Meeting of the House of Delegates</i>	
Pawtucket Medical Association	Page 42
<i>January Meeting</i>	
Providence Medical Association	Page 43
<i>January Meeting</i>	
American Board of Internal Medicine	Page 44
Rhode Island Hospital	Page 44
Rhode Island Department of Health	Page 45
Recent Books	Page 45
<i>Synopsis of Pediatrics Primer of Allergy Reports of the Council on Pharmacy and Chemistry Accepted Foods, and Their Nutritional Significance</i>	

THE RHODE ISLAND MEDICAL SOCIETY
Next Annual Meeting, June 5-6, 1940



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THE RHODE ISLAND MEDICAL JOURNAL

VOLUME XXIII

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PROVIDENCE MEDICAL ASSOCIATION

Address of the President

HARRY C. MESSINGER, M.D.
210 ANGELL STREET, PROVIDENCE

Fifty years ago it was voted that the President should annually make an address with special reference to the work and needs of the Association.

On the night of January 31, 1848, a few physicians met at the office of Dr. H. W. Rivers in Providence, to form a city medical society. We have just concluded the ninety-second year in the life of this Association. Now, with over five-hundred members, we meet, as did those few, to discuss the medical problems of the day, and as is written in the Act of Incorporation, for "the advancement of sound medical science and the promotion of the character, interest and honor of the Medical Fraternity."

Two years ago, the Association voted acceptance of a reorganization plan which increased the size of the Executive Committee, adding five members elected from the membership at large. It was felt that the Committee would thereby be more representative and that some of the younger men would become acquainted with the work. The plan also provided for the establishing of a central office with a full-time executive secretary in charge. This year has seen the completion of the first full year under this part of the plan. I am sure that both these changes have been justified.

It is not necessary to list all the projects carried forward since our reorganization but the following are some of them:

Twenty-three committees were organized in the last year to study and report on various activities.

A year ago, Dr. Burgess in his annual address proposed that we formulate a plan of Voluntary Health Insurance; a committee, with him as Chairman, was formed and produced a tentative plan which has won wide commendation and which is being studied by other medical societies in various parts of the country. It does not seem necessary, in the interest of public welfare, to inaugurate a

Health Insurance plan now in this community, but if or when it does seem right, we have a plan which will have been thoroughly studied and compared with plans already in operation in other places.

The Committee on Group Hospitalization was efficient in cooperating in the inauguration of the Blue Cross Service here in our city. The Committee on the Need and Supply of Medical Care whose report was the first from any district medical society to be published in the Journal of the American Medical Association, and won acclaim from the Association and favorable comment from many sources, has fulfilled its purpose. The Committee on Publicity sponsored a successful radio program for twenty-five weeks with original talks by twenty-five members and functioned well in other ways. The Committee on Tuberculosis has been active providing accurate and interesting data and in securing the cooperation of our members in the execution of the programs of other organizations interested, as we are, in wiping out this disease. The Committee on Legislation and our Executive Secretary aided materially the Committee of the State Society.

These are but five of our twenty-three committees. We have had no inactive committees. In all, a large fraction of our total membership has served on committees and actively engaged in their work.

It was not thought necessary to have a committee on the control of cancer since there is already a state cancer committee on which are two of our members. The Chairman of that committee has been assured that, if at any time our Society as such can be of help, we will act speedily. There is the same situation in regard to a committee on industrial health. In regard to the proposed inauguration of a volunteer blood donors bureau under the auspices of a local radio station, a member of the Executive Committee was appointed to work in conjunction with the committee of the State Society. In a state as small as ours it is often best that we do not establish separate agencies, but use our resources to support and aid the parent society.

I could speak of many other committees and their activities; the Executive Committee has had monthly meetings each of which has lasted at least

Presented before the annual meeting of the Providence Medical Association, Monday, January 9, 1940.

three hours. In the scientific activity of our association this year we have not had enough papers by our own members; those which were read were of the best quality, and I know of a number which are in preparation for this coming year. Exact clinical observations by men who know the matter under study produce helpful papers. Our younger members have the training and interest required and will do their part for "the advancement of sound medical science." Mutual improvement in medicine, the interchange of experiences and opinions, the discussion of changes in medical practice; these are the outstanding purposes of our Association, and we will not let the multiplying problems of efficiency in a complex social economy divert our attention so that we forget them.

What does this society stand for in the Community? Is it a group, as some even of those in high places seem to think, which exists to protect its own interests at the expense of the public at large, and to compel conformity of its members to practices of so-called professional ethics? How often have you heard the question of fees discussed here? An impartial study of professional ethics in our practice will show that it is inspired by the Golden Rule, is not against public policy, and is not a matter of sharply defined rules of conduct, but of fair dealing between doctors and between doctors and their patients.

I like to compare this Association, in its relations with the people of our community, with a physician, the only doctor in a small isolated village. As the inhabitants of that small village would, either singly or as a group, look to him for help in matters of health so would we have the city as a whole, in particular those groups which we might call welfare organizations, look to this Association for help.

Many of our committees are engaged in just that work, many of our members are prominently active in such organizations. Our Executive Secretary is a member of the American Public Health Association and of the local Council of Social Agencies.

Our Society instigated and supported a movement to establish a City Department of Public Health and we have always worked together efficiently and amicably. We felt proud when our superintendent of Health, one of our members, received a plaque naming Providence as having the best working health program of any city of

its size. Our relations with the school department which has perhaps the most well-planned and well-directed student health system anywhere in the country, have been ideal. The school department works with the individual practising physician and so far, has not asked for Federal regimentation.

In conformity with this spirit of helpful co-operation, I recommend that the name of the Committee on Publicity be changed to the "Committee on Public Information" as a term more fitting its purpose. That full support in the way of funds be supplied so that the Executive Committee can carry on the many non-scientific activities of this Society through its committees and the office of the Executive Secretary! I ask any member who does not understand any of these activities to consult any office of the Association or member of the Executive Committee. If the work of this Committee were done here in open-meeting we would have to sit all night or eliminate all scientific matters. It is a representative committee; it is your agent; suggestions, criticisms or questions by members of the society will show a healthy active interest, and benefit the association.

A Harvard professor has come to the conclusion that the human race is degenerating and particularly blames the medical profession for having saved the lives of "hundreds of thousands of debilitated organisms which are adding to the burden of society by reproducing more and worse offspring." He says, "Medicine today is an extension of the maternal instinct mixed up with scientific techniques. It operates in an odor of sanctity and formaldehyde." Guilty! we have not cured the ills of society and we have not undertaken to order the evolution of the human race! We still adhere to the 8-century-old prayer of Maimonides:

"Grant energy unto both body and the soul

That I might e'er unhindered ready be

To mitigate the woes,

Sustain and help

The rich and poor, the good and bad, enemy
and friend.

O let me e'er behold in the afflicted and suffering

Only the human being."

Let the Fuehrers and the Supreme Commissars do the purging. There are a lot of human beings left on the earth; in mass they are terrible but individually few are bad. We deal with individuals. Our purpose is the care of the sick and the preven-

tion of illness. Our society exists that we may take better care of the sick. I think the great attraction of our profession to the promising youth of today is this humanitarian appeal.

We are members of an Ancient and an Honorable Calling; we would use every scrap of knowledge gained by scientific research, and every method however revolutionary which will increase our efficiency, but we will not give up this sacred tradition that our trust is the alleviation of suffering in our fellow humans. That is why we have the Providence Medical Association in the City of Providence.

SULFANILAMIDE THERAPY

at

RHODE ISLAND HOSPITAL

RUSSEL O. BOWMAN, PH.D.

RESEARCH BIOCHEMIST, RHODE ISLAND HOSPITAL,
PROVIDENCE

Chemotherapy with sulfanilamide and related compounds is a relatively new subject. One paper appeared in 1933, two in 1934, eleven in 1935, forty-nine in 1936, and 205 titles are listed for the first six months of 1939 in the Quarterly Cumulative Index Medicus, with cross references to many more. Good reviews have been published¹.

For a paper read to the W. W. Keen Club I reviewed all the cases at the Rhode Island Hospital who had been treated with sulfanilamide, sulfapyridine or neo-prontosil previous to July 1, 1939, and on whom I had determined the blood level of the drug. To save space most of the data will be summarized here in table form, and only the sulfanilamide-treated cases will be considered.

When given in tablet form sulfanilamide is completely absorbed in three to four hours. It is excreted as free sulfanilamide in the dog, but in man and most other animals it is partially changed to an acetyl derivative and about half of its excretion is in this form. It is more reabsorbed by the kidney tubules than urea. It is distributed throughout the body according to the water content of tissues with the possible exception that there is less in the plasma than in the cells of blood.

The mode of action of sulfanilamide is still controversial. In addition to bacteriostatic action

White and Parker in Marshall's laboratory have shown that the drug is bacteriocidal for β hemolytic streptococcus at 40° C. Because of a latent period for activity in vitro the drug itself is probably oxidized or otherwise changed to substances which interfere with or destroy the normal metabolic processes of bacterial growth.

Methods Used

All blood, urine, and spinal fluid determinations of sulfanilamide were done by the Marshall² method.

Routine oxalated specimens of venous blood were collected by the services of the hospital, usually at four hours after the last previous dose of the drug.

An adaptation of the Evelyn and Malloy³ method was used for hemoglobin and methemoglobin determination. Calibration curves for the Cenco-Sheard-Sanford photometer were prepared with normal human blood on which oxygen capacity had been determined. Inactive hemoglobin was calculated as the difference between total hemoglobin by the methemoglobin-cyanide method⁴ and the oxygen capacity (Manometric Van Slyke apparatus).

Blood urea nitrogen was done by the urease-aeration procedure in all cases where there was enough blood. CO₂ combining power was determined manometrically in the Van Slyke apparatus.

Therapeutic Results

I have attempted to classify the results of treatment with sulfanilamide as "good," "questionable" or "no result." This classification is admittedly arbitrary but has been based on changes in vital signs and general condition of the patient, and on the opinions expressed by the medical staff in follow-up and discharge notes. All cases were considered "questionable" results where other treatment was given which might have caused a final good result without the sulfanilamide.

In Table I the end-results of treatment are summarized.

In Table II are given those cases on which a maximum blood level was obtained, that is a determination of the blood level of the drug at four hours after oral or other dosage and after therapy had been continued for twenty-four hours or more. It is noteworthy that all "good" results are not in the high blood level range, and that the "no result" cases in general had lower levels than the "good results" cases.

TABLE I
RESULTS OF SULFANILAMIDE THERAPY

	Cases	Good		Questionable		No Effect		Mortality
		No.	%	No.	%	No.	%	
Nose & Throat Infection	39	32	82	7	18	0	0	0
Lung Infections	25	4	16	11	44	10	40	12
Heart Infections	7	0	0	7	100	0	0	57
Peritonitis Cases	21	4	20	10	48	7	33	24
Abscess & Empyema Cases	51	14	27	27	53	10	20	4
Gonococcus Infections	13	3	23	5	38	5	38	0
Gangrene of Extremities	11	1½	14	2½	23	7	64	18*
Cystitis & Pyelitis	32	9	28	19	60	4	12	13**
Cellulitis, Wound Infection & Erysipelas	27	11	41	14	51	2	7	0
Mastoid & Otitis Media	10	4	40	6	60	0	0	10***
Septic Abortion	13	5	38	7	54	1	8	0
Septicemia	17	6	35	8	47	3	18	29****
Meningitis	4	1	25	2	50	1	25	50
Miscellaneous	8	3	38	2	25	3	38	0

*2 Deaths, postoperative without drug.

**2 deaths from other causes, 2 from infection.

***1 death, with meningitis.

****4 deaths with strep viridans, 1 with E. Coli.

TABLE II
MAXIMUM DETERMINED BLOOD LEVELS OF SULFANILAMIDE

	Cases	Good Result		Cases	No Result	
		Range	Average		Range	Average
	No.	Mg. %	Mg. %	No.	Mg. %	Mg. %
Nose & Throat Infection	23	1.6 to 15.8	7.8	.....	.....	.....
Lung Infection	4	4.7 to 13.6	8.0	10	1.3 to 10.4	5.2
Heart Infection*	.....	.....	.....	.....	.....	.....
Peritonitis	4	3 to 21.5	9.8	6	2.5 to 11.8	7.2
Abscess & Empyema	11	3.6 to 13.6	8.1	6	Tr** to 15.9	7.2
Gonococcus Infections	3	4.5 to 5.3	4.8	3	4.5 to 6.3	5.6
Gangrene of Extremities	2	7.9 & 8.2	8.1	7	2.7 to 12.3	7.7
Cystitis & Pyelitis	5	5.2 to 9.6	6.6	3	2.6 to 4.7	3.9
Cellulitis, wound infection & erysipelas	9	6.3 to 15.4	10.5	2	Tr** & 6.9	2.5
Mastoid & Otitis Media	2	2.4 & 4.3	3.4	.....	.....	.....
Septic Abortion	4	6.0 to 8.9	7.4	1	3.8	3.8
Septicemia	4	3.1 to 8.3	5.7	3	6.0 to 23.0	12.3
Meningitis	1	12.3	12.3	1	5.0	5.0
Miscellaneous	2	3.3 & 5.8	4.6	3	2.9 to 5.0	4.2

*Range 2.1 to 23.0 mg. %, average 11.9 mg. % for 7 cases, all with "questionable" result.

**Tr = Trace

TABLE III
COMPLICATIONS OF SULFANILAMIDE THERAPY

	Cases	Present		Transfusions	
		No.	%	No.	%
Progressive anemia	76	62	82	13	17
Methemoglobin by hand spectroscope	236	132	56	.....	.....
Methemoglobin by quantitative method	35	35	100	.....	.....
Sulfhemoglobin by hand spectroscope	236	1	1	.....	.....
Hb. inactive for oxygen transport	5	5	100	.....	.....
Marked nausea and vomiting	241	18	7	.....	.....
Jaundice	241	24	10	.....	.....
Mental delirium	241	11	5	.....	.....
Decreased CO ₂ combining power	22	13	46*	.....	.....
Drug fever	241	13	5	.....	.....
Drug rash	241	9	4	.....	.....
Agranulocytosis	241	21	1	.....	.....
Neuritis	241	0	0	.....	.....

*10 cases between 40 and 45 vol. %. Rise in 3, fall in 2 cases while on drug.

Complications of Sulfanilamide Therapy
(Table III)

Seventy-six cases had more than one hemoglobin determination by the methemoglobin-cyanide method and of these sixty-two showed a fall in hemoglobin during treatment. This is an incidence of 82% of progressive anemia during treatment. Ten cases in the group fell less than $\frac{1}{2}$ a gram per 100 c.c. If these are excluded, there is still a 68% incidence of anemia during an average treatment period of seven days. Thirteen cases of the seventy-six studied, or 17% of the group, required transfusions because of their anemia. There was no case of acute hemolytic anemia in this series of cases.

Two hundred thirty-six of the cases were studied with a hand spectroscope for the presence of the absorption bands of methemoglobin and sulfhemoglobin. Methemoglobin was found present in 132 cases, or 56% of the total. Sulfhemoglobin was found present in only one case. This case had a catheter inserted in the kidney pelvis at operation which slipped out, allowing extravasation of urine into the abdominal cavity and wound and might well have had sulfhemoglobin on another basis than drug therapy. Thirty-five cases had methemoglobin determined by a quantitative method, and 100% of these showed determinable quantities of methemoglobin, ranging from 0.1 gram to 1.9 grams per 100 c.c. of blood. It is impossible to detect less than about 0.4 grams per 100 c.c. with a hand spectroscope. A decrease in oxygen capacity or the presence of an inactive form of hemoglobin was found in five out of the five cases investigated. This decrease in oxygen capacity corresponded quite well with the quantitative determination of methemoglobin. In England and in America cyanosis is a common occurrence soon after giving sulfanilamide. Bloods with more than 4 mg.% are dark in color and in some cases the color is almost black. There is no agreement as to what causes this color change in the blood and produces cyanosis. About equal numbers of reliable investigators believe that the abnormal pigment is all methemoglobin⁴ or that it is something else⁵. In Germany, cyanosis is very rare. English workers reported sulfhemoglobin and recommended omitting all sulfate therapy when giving the drug. There is no contraindication to sulfates now. The blue to brown colored substances formed from sulfanilamide by exposure to ultraviolet or daylight could not give the absorption bands I have found and they would not effect O₂ capacity. If they are formed, they are oxidizing

agents which, in contact with hemoglobin, would produce methemoglobin, which does fit into the picture.

Nausea and vomiting, marked enough to be noted on the record, was present in 18 out of 241 cases, or in 7% of the group. Jaundice was present but not directly related to the drug therapy in four cases with an incidence of about 2% if these cases were caused by the drug.

Mental changes on the order of mild psychoses and disorientation were noted in 11 of the 241, or in 5% of the cases.

Twenty-eight cases had CO₂ combining power determinations and thirteen, or 46% of the group were found to have values below normal. However, it is a well known fact that in the presence of infection, slight decreases in CO₂ combining power may be present and 10 cases of the 13 with low values had CO₂ combining powers between 40 and 45. Also in those cases where more than one determination was done, there was found to be an increase in CO₂ combining power during therapy in three cases while only two cases showed a fall during therapy. It should be noted that in almost all of these cases bicarbonate was given in equal dosage with the sulfanilamide and this would tend to combat a fall in the CO₂ combining power and also to relieve an acidosis existing before therapy. Hartmann, Perley and Barnett⁶, in a thorough acid base study, reached the conclusion that the changes in acid base balance produced by sulfanilamide are a compensated alkalosis, due to the central stimulation and resulting hyperpnea. It was noted that urines of patients put on this drug often changed to alkaline during therapy. This would be in line with the above work since a respiratory blowing-off of carbon dioxide would be compensated for by extra excretion of base by the kidney. Since our meagre evidence is not in favor of a marked change in CO₂ combining power it is questionable whether these cases need bicarbonate in the dosages given. A fall in CO₂ combining power does not always mean an acidosis.

There were thirteen cases with drug fever appearing on the sixth to thirteenth day of therapy which fell in each case with the stopping of the drug. This is an incidence of 5%. There were nine cases of drug rash—a diffuse maculopapular type of eruption, which also disappeared on stopping the drug. This is an incidence of 4%. Rash and fever did occur each without the other though they were usually associated.

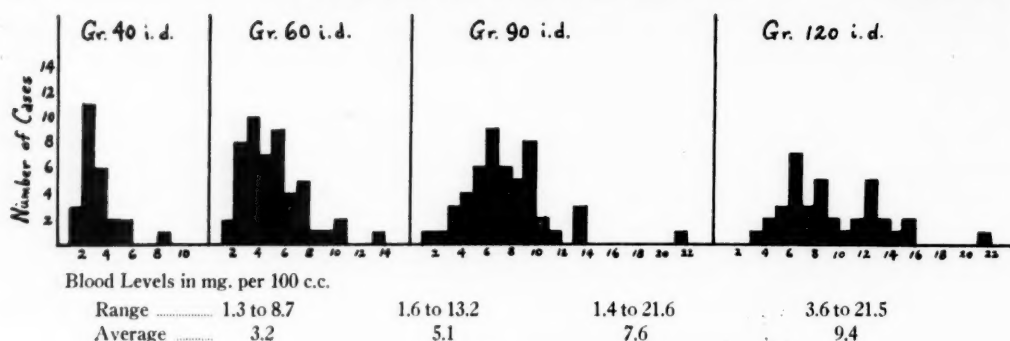


FIGURE I
DISTRIBUTION CURVES FOR BLOOD SULFANILAMIDE LEVELS ATTAINED ON DOSAGE FOR AT LEAST ONE DAY

There are no cases of agranulocytosis in this series. One case with an initial white count of 5,600 had fallen to 2,300 after three days of therapy and a total of 270 grains of the drug. On stopping the drug and giving transfusions the white count returned to normal. There were no cases of peripheral or optic neuritis in the group.

Blood Levels

A survey of the blood levels on various standardized dosages shows that there is no predicting of the level from the dosage given. Figure I shows distribution curves for blood levels of patients on daily dosage of 40, 60, 90 and 120 grains divided in four to six equal parts and you will note that for each dosage there is a wide range in the blood levels and although with increasing dosage the average level increases, there is marked overlapping, so that one patient receiving 120 grains a day may have a lower blood level than another patient of the same size on 40 grains a day. For this reason it becomes very important to determine the blood level and to adjust the dosage in accordance with the level found. Early in the use of sulfanilamide we were able to note that a high original dose, or a large dose for the first three oral administrations would bring the blood level to its maximum much sooner than if a dosage regime was begun as it was later carried out. It has been shown by various workers⁷ that absorption and excretion of sulfanilamide reach a balance in about forty-eight hours and that this balance can be attained sooner by heavy dosage at first. We have regularly found no drug present in the blood forty-eight hours after the last dose and on some occasions there has been none twenty-four hours after a dose. The dosage

level is important in this respect because in one case there was 0.6 mg. % present thirty-eight hours after the patient had been running a blood level of 6 mg. %. In another, the level was 2 mg. twenty-six hours after a blood level of nine. Low levels less than 2 mgms. have often been found as soon as twelve hours after discontinuing treatment. When administration is by the intravenous route there is a high level in the blood which falls rapidly in about two hours and reaches a slowly descending level which lasts for several hours. The drug is all excreted in about the same time as after equivalent oral dosage. With intramuscular or subcutaneous injection, the absorption causes a maximum blood level at about four to eight hours and the excretion is somewhat slower than when given by the oral route. After oral dosage the maximum level is attained at about four hours and because of rapid excretion the drug must be given at least every six hours if adequate levels are to be maintained.

An attempt was made to explain why some cases had higher levels than others on the same dosage of drug, on the basis of fluid intake. With forced fluids there is definitely a lower blood level and restriction of fluids on the same patient will increase the level in the blood by small amounts. However, there is something more than fluid exchange which governs the large variations between individuals.

Our blood urea nitrogen figures show quite consistently that with nitrogen retention there is also a slowing of the excretion of the drug. There is an increase in the acetyl form of the drug and also an increase in the amount of free sulfanilamide over the average levels.

If the drug is going to be active it usually causes a marked change in vital signs within a short period of time, usually less than forty-eight hours. If a result is not obtained within this time, and blood studies have shown that an adequate level is present, then I believe that the drug can be discarded as of little value and there is no value to long continued dosage, expecting a cumulative effect.

Conclusion

1. Therapy with sulfanilamide has been of definite value in the treatment of bacterial infections. It does not work in all cases but a high level may give a good result when a low blood level is of no value.

2. One cannot predict blood levels from the dosage given and the only way to be sure that absorption is adequate for activity is to determine the blood level at about 12 hours after beginning dosage and to adjust this level by change in dosage if indicated. It may be necessary to supplement oral therapy with intravenous therapy in some cases.

3. Low levels are occasionally sufficient to give a good result, and in some cases high levels are still inadequate to combat infection.

4. With decreased kidney function the drug is excreted more slowly.

5. Methemoglobinemia with resultant decreased O_2 carrying capacity, and progressive anemia are the two outstanding complications of therapy.

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AN APPRECIATION OF DR. W. W. KEEN

*With Added References to Diverticulitis
Including Two Noteworthy Letters*

Dr. Keen's interest in medical science never waned with his advancing years. He lost no opportunity to further its development. A man with a remarkable personality, he was ever encouraging and stimulating to younger men in the search for truth in medicine. Honored as few men are he yet was most modest. Possessed of a fine sense of humor he was exceptionally friendly and always had time to devote thought to another's problems in conversation or by letter.

Among Dr. Keen's many active interests were those pertaining to the welfare of Brown University, his alma mater, from which institution he received three degrees, one being honorary. Dr. Keen served his University as a member of the Board of Trustees from 1873-1895, then as a Fellow up to the time of his death on June 7, 1932. This association brought him many times to Providence even in his later years.

Under the sponsorship of Professor Albert D. Mead, a close friend of Dr. Keen and a great friend to the medical profession, a group of young doctors in Providence, in January, 1925, organized a medical club, known as the W. W. Keen Club. In response to a letter asking for this privilege, Dr. Keen replied, "I feel gratified that a group of young practitioners should wish to use my name. It is always an honor to receive such a request and I grant it with great pleasure."

Subsequently Dr. Keen met with this club several times. He was always an inspiration to its members by his magnetic personality and through his many reminiscences and delightful anecdotes. Throughout his remaining years he kept in close

touch with the club. He sent autographed photographs and books to each member.

In the files of the club are many of Dr. Keen's letters, usually in his own clear hand writing. One written in his ninetieth year, addressed to Dr. Elihu S. Wing, then Secretary of the Keen Club, seems too valuable to remain unpublished.

It was in answer to a letter asking if he would be willing to tell something about his own case of diverticulitis for which he was operated upon some fifteen years previously.

Dr. Keen's reply¹ is really of historical as well as of medical interest, and is followed by one from another very eminent, now deceased, surgeon of a generation following that of Dr. Keen. This letter² pays high tribute to Dr. Keen.

Diverticulitis was little known in 1910. As early as 1710 a case was reported from autopsy, yet as late as 1911 only fifty-four cases had been recorded. At that time many text books on medicine and surgery did little more than mention the subject, some not at all. X-ray, then, was little used in such studies.

Dr. W. J. Mayo's original paper on "Acquired Diverticulitis of the Large Intestine" was read before the American Surgical Association in May, 1907, and published the following July in *Surgery, Gynecology and Obstetrics*. To Dr. Mayo may be given the credit for establishing Diverticulitis as a clinical entity. Dr. W. W. Keen was, for many years at least, his oldest, and one of his earliest operative patients suffering from this malady.

1. 192 Spruce Street, Philadelphia,
December 2nd, 1926

My dear Dr. Wing:

I am sorry to have been slow in answering your letter but it got under some others by accident and I only discovered it this morning.

January 19, 1912 was my 75th birthday. In the preceding November Dr. W. J. Mayo operated on me for diverticulitis. The history of my case is very short and simple. The only symptom proper was a diarrhea especially nocturnal. When I was in Berlin in September a lump was found in the left lower abdomen, not particularly painful. I did not discover the mass myself, but it was found by one of my surgical friends. I sailed for home as quickly as I could. After arranging my affairs, for I had not the least idea that it was anything else but cancer, I went to Rochester. Mayo found it to be a diverticulitis with two small diverticula. Both were occupied by a small concretion. One of the diverticula was so thin and without any adhesions that I wondered that a cough or sneeze or a false step had not ruptured it. The other one had the concretion, this

had first produced adhesions to the neighboring intestines, then had ulcerated through ending in a small abscess containing a drop or two of pus. Of course it was a question of a short time when it would have ruptured into the abdominal cavity. Dr. Mayo resected that portion of the bowel, the two diverticula were fortunately close together, then he united the two ends. I had considerable pain from gaseous distention during a couple of days. I was sitting up in bed writing a note on my knee on the third day and here I am, after fifteen years, with not the slightest trouble from the operation.

I have not the least objection to your publishing this and if you think it best you may mention my name.

It was among the early cases that the Mayos had. They could tell you how many there were, very few, I know, and I know that for many years I was the oldest person they had ever operated on, possibly I still am.

If you write to them and send them a copy of this letter they will correct any possible errors in it.

Very truly yours,

W. W. KEEN.

2.

MAYO CLINIC
Rochester, Minnesota

December 21, 1926.

My dear Dr. Wing:

On my return after a short absence I have your letter of December 18 concerning the case of Dr. W. W. Keen, enclosing a copy of Dr. Keen's letter to you suggesting that you write us. I am glad to send you separately a number of reprints of articles on diverticulitis by members of the staff.

According to our records, Dr. Keen was seventy-three years of age when he was operated on here for diverticulitis November 8, 1910. There were diverticula of the sigmoid, containing fecal concretions, lying in a mat of adhesions of the pelvic rim. On account of perforation of a large diverticulum containing fecal concretions and infection with very marked obstruction, we were obliged to make a resection of the sigmoid. Dr. Keen stood the operation remarkably well and as he wrote you made a rapid and uneventful recovery. I have never known a more courageous patient. In spite of the fact that he must have suffered greatly he never complained.

Dr. Keen's active intelligence and unflagging interest in the advancement of medical science must command the admiration of every one who knows him. He has been a constant source of inspiration to my brother and to me throughout our professional lives.

Sincerely yours,

W. J. MAYO.

3. On Dr. Keen's ninetieth birthday, this Journal issued a Commemorative Number, with a paper entitled "William Williams Keen, A Biographical Sketch," by Wilfred Pickles, M.D. *R. I. Medical Journal*, 10, 1, (January) 1927.

RHODE ISLAND MEDICAL SOCIETY

CHARTERED IN 1812

President, CHARLES H. HOLT, Pawtucket
First Vice President, LUCIUS C. KINGMAN, Providence
Second Vice President, FREDERIC V. HUSSEY, Providence
Secretary, GUY W. WELLS, Providence
Treasurer, JESSE E. MOWRY, Providence

STANDING COMMITTEES

Scientific Work

The President, First Vice President, and Secretary

Legislation

Herbert E. Harris, Providence
Charles F. Gormly, Providence
Earl F. Kelly, Pawtucket
The President and Secretary,
ex officio

Publication

John E. Donley, Providence
Charles J. Ashworth, Providence
John F. Kenney, Pawtucket
The President and Secretary,
ex officio

Education

Jesse P. Eddy, 3rd, Providence
Thad A. Krolicki, Pawtucket
Frank B. Cutts, Providence
The President and Secretary,
ex officio

Arrangements

Nathan A. Bolotow, Providence
Walter S. Jones, Providence
Ralph L. DiLeone, Providence
The Treasurer, *ex officio*

Library

Herbert G. Partridge, Providence
Andrew W. Mahoney, Providence
Samuel Adelson, Newport

Trustees of the Library Building

The Second Vice President
The Chairman of the Library Committee
Charles F. Gormly, Providence
James L. Wheaton, Pawtucket
The President, Secretary, and Treasurer, *ex officio*

Necrology

Harry F. Crandall, Westerly
Guyon G. Dupre, Woonsocket
Edward T. Streker, Providence

Curator

Carl D. Sawyer, Providence

Auditors

J. Murray Beardsley, Providence
Robert T. Henry, Pawtucket

Trustees of Funds

The President and two Vice Presidents

Delegate to the A. M. A.

Guy W. Wells, Providence

Alternate Delegate

Alex M. Burgess, Providence

COMMITTEES APPOINTED BY THE PRESIDENT

Medical Defense

C. F. Gormly, Providence,
Chairman
H. E. Harris, Providence
N. S. Garrison, Woonsocket
J. C. Callahan, Newport
J. L. Wheaton, Pawtucket
E. F. Kelly, Pawtucket
M. H. Scanlon, Westerly

Hospitalization Insurance

E. S. Wing, Providence,
Chairman
J. F. Kenney, Pawtucket
G. W. Wells, Providence
W. C. Rocheleau, Woonsocket
A. M. Tartaglino, Newport
R. H. Whitmarsh, Providence
Isaac Gerber, Providence
H. P. Gongaware, Westerly
James Hamilton, Providence

Social Security

Roland Hammond, Providence,
Chairman
G. G. Dupre, Woonsocket
J. F. Kenney, Pawtucket
G. L. Young, East Greenwich
J. W. Helfrich, Westerly
Samuel Adelson, Newport
W. P. Buffum, Jr., Providence
A. M. Burgess, Providence
Ralph L. DiLeone, Providence

Resolutions

H. E. Harris, Providence,
Chairman
G. W. Waterman, Providence
H. E. Gauthier, Woonsocket
Francis H. Chafee, Providence
Robert Henry, Pawtucket

State Policies of Public Health

F. V. Hussey, Providence,
Chairman
J. L. Wheaton, Pawtucket
J. P. Jones, Wakefield
W. C. Rocheleau, Woonsocket
M. H. Sullivan, Newport
J. G. Walsh, Providence
J. E. Donley, Providence
A. M. Burgess, Providence
H. A. Lawson, Providence
G. W. Wells, Providence
A. H. Ruggles, Providence
H. C. Messinger, Providence
Roland Hammond, Providence
H. P. B. Jordan, Providence
Meyer Saklad, Providence
Halsey DeWolf, Providence
W. S. Streker, Providence
D. V. Troppoli, Providence

Publicity

R. S. Bray, Providence,
Chairman
P. P. Chase, Providence
Wm. L. Leet, Providence
G. G. Dupre, Woonsocket
Stanley Sprague, Pawtucket
A. M. Tartaglino, Newport
G. L. Young, East Greenwich
J. W. Helfrich, Westerly

Public Health Clinics

C. L. Farrell, Pawtucket,
Chairman
H. B. Sanborn, Providence
J. F. Archambault, W. Warwick
Henri E. Gauthier, Woonsocket
Merle M. Potter, Providence

Medical Emergency Relief

C. F. Gormly, Providence,
Chairman
W. P. Buffum, Providence
M. H. Scanlon, Westerly
N. M. MacLeod, Newport
Stanley Sprague, Pawtucket
Henri E. Gauthier, Woonsocket

Annual Clinics

B. H. Buxton, Providence,
Chairman
A. A. Barrows, Providence
D. L. Richardson, Providence
J. F. Kenney, Pawtucket
F. E. McEvoy, Providence
R. H. Whitmarsh, Providence
A. H. Ruggles, Providence
A. H. Miller, Providence

Annual Commercial Exhibits

Charles Bradley, E. Providence,
Chairman
H. B. Marks, Pawtucket
Treasurer, *ex officio*

Nominations

Roland Hammond, Providence,
Chairman
J. F. Kenney, Pawtucket
W. S. Streker, Providence
Henri E. Gauthier, Woonsocket
J. E. Ruisi, Westerly

Committee on Cancer

Herman C. Pitts, Providence,
Chairman
B. E. Clarke, Providence
G. W. Waterman, Providence,
Secretary
Isaac Gerber, Providence
J. C. O'Connell, Providence
P. P. Chase, Providence
J. F. Kenney, Pawtucket
C. S. Christie, W. Warwick
W. C. Rocheleau, Woonsocket
M. H. Sullivan, Newport

Maternal Mortality

J. G. Walsh, Providence,
Chairman
B. H. Buxton, Providence
I. H. Noyes, Providence
A. W. Mahoney, Providence
Milton Goldberger, Providence
H. E. Gauthier, Woonsocket
J. C. Callahan, Newport
J. W. Helfrich, Westerly

Child Health

H. E. Utter, Providence,
Chairman
F. V. Corrigan, Providence
Banice Feinberg, Providence
W. P. Buffum, Jr., Providence,
Secretary
E. F. Kelly, Pawtucket
L. E. Bourn, Providence

Grievance

F. V. Hussey, Providence,
Chairman
Halsey DeWolf, Providence
J. E. Donley, Providence
T. A. Krolicki, Pawtucket
H. E. Gauthier, Woonsocket
N. M. MacLeod, Newport
H. P. Gongaware, Westerly

Industrial Health

C. F. Gormly, Providence,
Chairman
J. P. Deery, Providence
C. L. Farrell, Pawtucket
P. J. King, Woonsocket

Anniversary Chairman

John F. Kenney, Pawtucket

RHODE ISLAND MEDICAL SOCIETY

Meeting of the Council

January 18, 1940

The Council of the Rhode Island Medical Society was called to order by the President at 4:15 P. M., January 18, 1940. The following members were present: Drs. Holt, Hussey, Mowry, Wheaton, Hammond, Partridge, Brackett, Kingman, DeWolf, Miller and Wells. The minutes of the last regular meeting of the Council were read and approved. A letter from the Chairman of the Grievance Committee, Dr. Frederic V. Hussey, was then read. It was moved, seconded and passed that the letter be accepted and placed on file.

Dr. Mowry then read the Treasurer's report of the budget for the coming year. It was moved by Dr. Miller and seconded by Dr. Partridge that the report be accepted. Motion carried. Dr. Brackett moved that the Legislative Committee be granted two hundred and fifty (\$250.00) dollars for expenses such as paper, printing, mailing, et cetera. The motion was seconded and passed.

The question of holding the annual scientific meeting and commercial exhibits in some place other than the Medical Library Building was discussed. The Council voted that the matter was the business of the House of Delegates and so referred it.

A communication from the Providence Medical Association concerning Associate Members was referred to the House of Delegates. Another communication from the Providence Medical Association was read: — At the December meeting of the Executive Committee of the Providence Medical Association it was moved that the Councillor present to the Council of the State Medical Society at its next meeting, with the strong endorsement of the Executive Committee, the suggestion of Dr. John M. Peters, that a suitable photograph or painting of Doctor Rogers, through whose efforts the Medical Library became a reality, be placed in the Library. The matter was favorably discussed and Dr. Rogers' efforts making possible the library building were mentioned frequently. The matter was referred to the Trustees of the Medical Library Building.

It was moved, seconded and passed the Council approve printing in the telephone book the name of the specialty after a doctor's name.

The Council also voted to invite the State Organization of Public Health Nurses to the Scientific

Meeting of the Rhode Island Medical Society to be held January 24, 1940.

It was moved, seconded and passed that resignations of the following members be accepted: Dr. Amy Russell, Dr. Edward Marquis; that the following be placed on the retired list: Dr. J. P. Cooney, Dr. Charles Christie, Dr. N. Darrell Harvey; that the following men be given the usual sixty day notices before being dropped for non-payment of dues: Dr. H. B. Potter, A. Scorpio, E. A. Hagan, A. R. Newsam, W. H. Roberts, T. H. Murphy, J. B. O'Neill, W. A. Stoops, A. Berrillo, C. P. Crandall, T. S. Flynn, J. A. Mellone, W. H. Palmer, and A. K. H. Sundin.

Respectfully submitted,

GUY W. WELLS, M.D.,
Secretary.

The Secretary's Report is subject to the approval of the Council at its next meeting.

Treasurer's Budget for 1940

Collations and Annual Dinner	\$700.00
Expenses of Secretary, Secretary service	100.00
Printing and Postage	225.00
Fuel	550.00
Gas	50.00
Electricity	100.00
Telephone	125.00
City Water	20.00
House supplies and expenses	300.00
House repairs	300.00
Janitor	840.00
Safe Deposit	7.00
Treasurer's Bond	25.00
Librarian	1,660.00
Delegate to American Medical Association	100.00
Medical Library Association Dues	15.00
Sunday Lectures and Radio Talks	150.00
Expenses of Committees	100.00
Assistant in Library	520.00
	\$5,887.00

Income for 1940

Annual dues	\$4,600.00
Interest from Harris Fund	187.20
Interest from Morgan Fund	25.80
Providence Medical Association, Use of Building	450.00
Office, Executive Secretary	300.00
Use of Building	100.00
	\$5,663.00
Balance in Bank January 1, 1940	2,861.71
	\$8,524.71

E. M. Harris Fund

26 shares Nicholson File Co.....	\$31.20
General Public Utilities Co.....	156.00
A-NY & B-NY Realizing Corp.	
	<hr/> \$187.20

James R. Morgan Fund

43 shares Providence Gas Company.....	\$25.80
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Meeting of the House of Delegates**January 18, 1940**

The regular meeting of the House of Delegates was called to order at 5:15 P. M. by the President, Dr. Charles Holt. The following were present as members or invited guests: — Drs. Holt, Hussey, Mowry, Kingman, Hammond, Partridge, Brackett, DeWolf, Miller, Wells, Beardsley, Buffum, Burgess, Fagan, Freedman, Gregory, Franklin, Hacking, Henry, W. S. Jones, Kelly, M. Potter, Messinger, Ronchese, Wing and Mr. Stanley H. Saunders, Executive Director of the Hospital Service Corporation of R. I.

The Secretary read the minutes of the meeting of the Council which had immediately preceded the meeting of the House of Delegates. It was moved, seconded and passed to accept the minutes as read. The minutes of the meeting of the House of Delegates, held Sept. 21, 1939 were then read. The motion to approve the minutes as read was seconded and passed. Dr. Mowry read the Treasurer's report on the Budget for the year of 1940. The motion to accept the report was seconded and passed.

Dr. Holt then called for a vote on the matter of giving information regarding private infectious cases in children to the family physician and public health nurses. The House of Delegates had voted on Sept. 21, 1939 to lay this matter on the table for further consideration until the meeting January 18, 1940. The Secretary then read the history of the question, the question, and his interpretation as had been submitted to him by Dr. Corrigan. It is as follows:

"In 1936 the Division of Child Hygiene of the R. I. Department of Health inaugurated a Tuberculin Skin Testing Program in the high schools throughout the State with the understanding that the information from these Tests be confidential between the Health Department and the family physician. This program was approved by the State Medical Society at that time.

There are public health nurses acting as family teachers and carrying on a Tuberculosis program who would assist in directing families to their private physicians for reports of Xray findings of positive cases, and we have come to feel that this program would become more effectual if the information might be given to them.

It is therefore suggested that the policy of the Rhode Island Medical Society and the Rhode Island Department of Health be modified to permit the latter to cooperate with these nursing groups in the following manner:

1. That the list of names and addresses of all children who have been Skin Tested, and the results, shall be sent to both the family physicians and the public health nurses.
2. That the records of all Xray findings shall also be sent to them.

It is distinctly understood that the Tuberculosis nurse shall first contact the family physician and proceed with her case-finding program under his direction, and also that this information be kept confidential by all public health nursing agencies.

It shall be understood that the nurses already carrying the responsibility for Tuberculosis nursing in the community shall be responsible for the following up of this information to secure for the community maximum benefit in protection against Tuberculosis."

It was moved, seconded and passed that the question be approved and adopted.

Dr. Mowry moved the Annual Scientific Meeting of the Rhode Island Medical Society in June be held in the Medical Library building. The motion was seconded. Dr. Bradley discussed the availability of more space for exhibitors in other quarters and the possibility of increased revenues for such space as well as the difficulty of storing the exhibitions and of protecting them at the Library. Other delegates discussed the question. The motion was passed.

The following communication from the Providence Medical Association was then read:

The Providence Medical Association has provided in its By-Laws that "Associate membership shall be available to those physicians who are active members of other district societies and who also wish to be affiliated with this Association, and to those members of this Association who, leaving the State for an indefinite period of time, or permanently, wish to retain an affiliation with this Association.

QUESTION:

Shall such associate membership be recognized in the approval of a man for membership in the State Medical Society?

(i. e. — an associate member residing outside the state desires to become a member of the Rhode Island Medical Society. What action shall be permissible?)

The matter was discussed by Drs. Mowry, Burgess and others. It was voted to refer the matter for advice to the American Medical Association to see if there is a conflict with its rules for membership.

The President called up for discussion the matter of the ward plan as outlined by the Hospital Service Corporation of Rhode Island. It was discussed by many including Drs. Wing, Henry, Brackett, Burgess, Jones, Gregory, Kelly and Mr. Saunders. Dr. Henry moved "That the House of Delegates endorse the Blue Cross plan with notation as to the selection of doctor and hospital and requests that no further change be made in the Blue Cross plans unless it is submitted to the Rhode Island Medical Society." The motion was seconded. The motion carried.

Dr. Brackett then moved that the Blue Cross Committee of the Rhode Island Medical Society be continued and that the Blue Cross be notified that this Committee is empowered to consult with it in matters which affect the medical profession. The motion was seconded and passed.

Dr. Brackett moved that the President of the Rhode Island Medical Society be empowered to act in the stead of the member representing the Rhode Island Medical Society on the board of directors of the Blue Cross in the absence of said representative and if unable to act personally to designate an alternate. The motion was seconded and passed.

Dr. Miller presented the following resolution. Resolved: — That the House of Delegates of the Rhode Island Medical Society favors an arrangement whereby all members of the several district societies shall become fellows of the Rhode Island Medical Society and whereby the annual dues may be paid to the Treasurer of the state society or may be collected and transmitted to the state society by the treasurers of the district societies. Dr. Miller then gave the following discussion: — While component district societies obtain their charters from the state society, they operate as independent organizations, their only connection with the state society

consisting in the choice of councillors and delegates to the state society. While a district society may compel expulsion of a fellow of the state society, the state society has no control over the membership of the district societies.

The Rhode Island Medical Society owns and operates the Medical Library. In 1938 this was conducted at an expense of \$3683.40, this being 88% of the amount received for annual dues. The principal other expense was for the dinner and collation, which cost \$681.00. All other expenses of the state society amounted to \$529.55. A fellow who pays his annual dues of \$10.00, pays \$7.50 for the library, \$1.40 for food, \$1.10 for his membership in the state society. A man who pays \$7.50 a year towards the Medical Library should get something for his money. In fact he gets little. The society has no money for the purchase of books. At the last count, 64% of the members of district societies belonged to the State Society, 36% did not belong. This number is said to be on the increase.

Drs. Henry, Burgess and Kingman also discussed the resolution. It was moved, seconded and passed that a committee of six including one from each district society be appointed to study the resolution and to report on it at the next regular meeting of the House of Delegates.

The motion to adjourn was passed.

Respectfully submitted,

GUY W. WELLS, M.D.,

Secretary.

The Secretary's Report is subject to the approval of the House of Delegates at its next meeting.

PAWTUCKET MEDICAL ASSOCIATION

January Meeting

The regular monthly meeting of the Pawtucket Medical Association was held in the Auditorium of the Memorial Hospital, January 18, 1940.

The minutes of the preceding meeting were read and approved. A communication from the Central Falls High School Principal was read complimenting the Association on the educational program.

Dr. Krolicki reported for the educational committee. Dr. Doll reported for the committee on fire drills in the public schools. Dr. Henry reported on the meeting of the House of Delegates of the Rhode Island Medical Society.

Dr. H. W. Umstead was unanimously elected a regular member of the Association.

Dr. Hugh E. Kiene, Physician in charge of the Psychopathic Division of the Charles V. Chapin Hospital, then presented a paper on "The Use of Vitamin B₁ in the Treatment of Delirium Tremens." The paper was discussed by Drs. Miller, J. F. Kenney, and Hacking.

The meeting adjourned at 10:10 P. M. Collation was served.

Respectfully submitted,

JOHN H. GORDON, M.D.,
Secretary.

PROVIDENCE MEDICAL ASSOCIATION

January Meeting

The ninety-third Annual Meeting of the Providence Medical Association was called to order by the President, Dr. Harry C. Messinger, on Monday, January 8, 1940, at 8:35 P. M. The minutes of the preceding meeting were read and approved. The annual report of the Secretary was presented by Dr. Herman A. Lawson and was approved and placed on file. The annual report of the Treasurer was presented by Dr. William R. Davis and was approved and placed on file. The annual report of the Executive Committee was presented by the Secretary and was accepted and placed on file.

Following the Presidential address by Dr. Messinger, the election of Dr. John G. Walsh as President for the year 1940 was unanimously voted. Dr. Messinger appointed Drs. W. P. Buffum and John C. Ham as a committee to escort the new President to the platform. President Walsh extended his thanks to the members for electing him to the Presidency and asked for the continued cooperation of all members in making the coming year successful.

Dr. Walsh called for a motion on the election of vice president. Dr. Burgess moved that the entire slate of officers be unanimously elected. The motion was seconded and passed, and the following were declared elected: President, John G. Walsh, M.D.; Vice President, Murray S. Danforth, M.D.; Secretary, Herman A. Lawson, M.D.; Treasurer, William P. Davis, M.D. Executive Committee—Two members for five year terms each: Harry C. Messinger, M.D., Andrew W. Mahoney, M.D. Trustee of Rhode Island Medical Library—For 1 year: Charles F. Gornly, M.D.

Delegates to House of Delegates of the Rhode Island Medical Society: 1. N. A. Bolotow, M.D.; 2. J. Franklin, M.D.; 3. C. Bradley, M.D.; 4. H. A. Lawson, M.D.; 5. J. P. Eddy, 3rd, M.D.; 6. D. V. Troppoli, M.D.; 7. M. Adelman, M.D.; 8. F. Ronchese, M.D.; 9. A. M. Burgess, M.D.; 10. G. F. White, M.D.; 11. M. Saklad, M.D.; 12. J. A. Hayward, M.D.; 13. H. C. Messinger, M.D.; 14. E. W. Bishop, M.D.; 15. C. L. Southey, M.D.; 16. H. McCusker, M.D.; 17. W. P. Buffum, M.D.; 18. J. Hamilton, M.D.; 19. J. G. Walsh, M.D.; 20. M. M. Potter, M.D. 21. J. H. Fagan, M.D.; 22. K. K. Gregory, M.D.; 23. W. T. Jones, M.D.; 24. D. Freeman, M.D.; 25. R. Hacking, M.D.

The President announced the following additions and changes in committee personnel for the year 1940, and announced that a full listing of all committees for the year would be published in the next issue of Medical News.

The committee additions and changes are:

To the Committee on Entertainment: Dr. Francis J. Honan, Chairman, and Dr. Craig Houston. To the Committee on Ethics and Deportment: Drs. Charles F. Gornly and William P. Davis are re-appointed for terms of five years each and Dr. Gornly is re-appointed as Chairman of the Committee. To the Committee on Group Hospitalization: Drs. Edward S. Brackett and Bertram H. Buxton are added to the committee. Committee on Legislation: Drs. Francis H. Chafee and William H. Foley are appointed to the committee.

Dr. Maurice Adelman is appointed for a term of five years to the Medical Milk Commission to fill the vacancy caused by the expiration of the term of Dr. Banice Feinberg. Drs. Vincent J. Ryan, Elihu Saklad, Daniel V. Troppoli, and John J. Gilbert are appointed to the Committee on Membership. Committee on Public Information (formerly Publicity Committee): Dr. Murray S. Danforth is appointed to the committee. Drs. Henry J. McCusker, Eske H. Windsberg, John H. O'Brien, and Charles Southey are appointed to the Committee on Public Relations. Drs. Alfred L. Potter, Francis V. Car-side, and Ernest A. Burrows are appointed to the Reading Room Committee. Dr. William A. Mahoney is appointed Chairman of the Telephone Committee to succeed Dr. John G. Walsh. Dr. Joseph Johnston is appointed to the Committee on Welfare and Medical Relief for the Indigent. The Committee for the American Medical Association Study of the Need and Supply of Medical Care,

and the Publications Committee, both having completed their reports within the year, are discharged with thanks from the Association for their splendid work.

The Secretary reported a communication relative to the Fourth Annual meeting of the Rhode Island Public Health Association which is to be a symposium on the public health aspects of tuberculosis, and as held at the Biltmore Hotel on January 23, 1940.

The President reported that the obituary of Dr. Alfred E. McAlpine, as prepared by Drs. M. J. O'Connor and E. A. Shaw, is on file with Secretary, and also the obituary of Dr. George Aloucos, as prepared by Drs. John J. Vallone and Antonio D'Angelo.

Dr. Russell Bray reported on the work of the Publicity Committee during the past year. Dr. Burgess moved acceptance. Seconded and passed.

Dr. Reuben C. Bates presented the annual report of the Medical Milk Commission of the Association. Dr. Langdon moved acceptance. Seconded and passed.

In the absence of Dr. Francis H. Chafee, Chairman of the Blood Transfusion Bureau, the Secretary read the annual report of that committee. Dr. Messinger moved the acceptance of the report. Seconded and passed.

The President announced the appointment of Dr. H. C. Messinger and Dr. John Londergan to serve as on obituary committee for the late Dr. J. P. Lobo.

Dr. A. M. Burgess moved that the annual dues for 1940 be fixed at \$15. per member. Dr. Messinger seconded the motion. Passed unanimously. Dr. Halsey De Wolf moved that the Association appropriate \$450.—for the use of the Library Building. Motion seconded and passed. Dr. John Donley moved that the Association appropriate \$500.—for the purchase of new and the binding of old journals. Dr. Jacob Kelly questioned the wording of the appropriation and was advised by the Secretary. Motion seconded and passed. Dr. W. S. Streker moved that an appropriation of \$4,760 be allowed for the maintenance and the expansion of the executive office for 1940. The motion was then passed unanimously.

The Secretary reported that the Executive Committee recommended for election

RICHARD FEMINO, M.D.

BERNARDINO F. FERRARA, M.D.

Dr. Mowry moved that the By-Laws be suspended that the Secretary be empowered to cast one vote electing these men to membership. Motion seconded and passed.

The President called upon Dr. H. C. Messinger to report on the plan for local participation in Social Hygiene Day on February 1, 1940.

The President invited the retiring president, Dr. Messinger, to the Chair to introduce the guest speaker of the evening, Dr. Charles P. Fitzpatrick, Superintendent of the State Hospital for Mental Diseases, who spoke on the topic "A State Hospital Physician Views Community Health in Rhode Island."

The President concluded the program with an announcement that briefs of the Committee reports would be sent to the membership later in the month.

There being no cases to report nor specimens to be presented, the meeting was adjourned at 10:20 P. M.

Attendance 138. Collation was served.

Respectfully submitted,

HERMAN A. LAWSON, M.D.,
Secretary.

AMERICAN BOARD OF INTERNAL MEDICINE

The American Board of Internal Medicine will conduct oral examinations just previous to the meeting of the American College of Physicians in Cleveland, and just in advance of the meeting of the American Medical Association in New York City.

Applicants who have successfully passed the written examination and plan to take the oral examination in 1940, should advise the office of the Secretary at least six weeks in advance of the date of the examination they desire to take.

The next written examination for 1940 will be given on October 21st. Applications for this examination must be filed in the Secretary's office by September 1st.

Application forms may be obtained from Dr. William S. Middleton, Secretary-Treasurer, 1301 University Avenue, Madison, Wisconsin, U. S. A.

RHODE ISLAND HOSPITAL

Dr. John T. Keohane finished a one year's internship on February 1st, 1940 and has opened his office for private practice on Elmwood Avenue, City.

Dr. Walter E. Batchelder, a graduate of Boston University Medical School, started his two year rotating internship on the 15th of February, 1940. Dr. Batchelder is a brother of Dr. Philip Batchelder, who is Assistant Director of the X-ray Department in the Hospital.

Plans are being drawn up for the construction of a new building for the care of children in the hospital, funds being provided by the Gladys A. and Isaac M. Potter Memorial Fund. This building will be erected on the land between the Accident Room entrance and Plain Street. It will be a three-story structure, one floor for infants and two floors for children. It is hoped that construction will start in the late Spring and be completed before next Winter.

RHODE ISLAND DEPARTMENT OF HEALTH

TENTH NEW ENGLAND HEALTH INSTITUTE

Hartford, Connecticut, April 15-19, 1940

This School of Public Health originally held in Hartford in 1922, and repeated in 1929, will again be sponsored by the Connecticut State Department of Health, having been held in Massachusetts and Maine twice, and once each in New Hampshire, Rhode Island and Vermont.

The Institute is carried on with the cooperation of the United States Public Health Service, U. S. Children's Bureau, Maine State Bureau of Health, Massachusetts Department of Public Health, New Hampshire State Board of Health, Rhode Island Department of Public Health, Vermont Department of Public Health, New England Tuberculosis Association, Department of Public Health Yale School of Medicine, School of Public Health of Harvard University, Department of Biology and Public Health of Massachusetts Institute of Technology, Simmons College, Connecticut State Medical Society, Connecticut Public Health Association, Connecticut State Nurses' Association, and Connecticut State Department of Health.

Public health workers of New England will find it to their distinct advantage to spend the week of April 15th in Hartford attending these lectures which begin Monday and extend through Friday afternoon.

- I. Public Health Administration
John A. Ferrell, M.D., Chairman
- II. Preventable Diseases
Wilson G. Smillie, M.D., Chairman
- III. Sanitary Engineering
Roscoe H. Suttie, C.E., Chairman
- IV. Vital Statistics
Halbert L. Dunn, M.D., Chairman
- V. Laboratory
Elliott S. Robinson, M.D., Chairman
- VI. Venereal Diseases
R. A. Vonderlehr, M.D., Chairman
- VII. Industrial Hygiene
R. R. Sayers, M.D., Chairman
- VIII. Cancer
C. L. Larkin, M.D., Chairman
- IX. Tuberculosis
David R. Lyman, M.D., Chairman
- X. Child Hygiene
Martha M. Eliot, M.D., Chairman
- XI. Crippled Children
R. C. Hood, M.D., Chairman
- XII. Nutrition
George R. Cowgill, Ph.D., Chairman
- XIII. Public Health Nursing
Mary D. Forbes, R.N., Chairman
- XIV. Mental Hygiene
Eugene Kahn, M.D., Chairman
- XV. Health Education
Clair E. Turner, Dr. P.H., Chairman
- XVI. Milk, Food and Drugs
E. G. Woodward, A.M., Chairman

The Headquarters of the Institute and all lectures will be at Hotel Bond, 320 Asylum Street, Hartford. Registration will be at Hotel Bond, beginning Monday morning, April 15th, at nine o'clock, and will continue through the week. A fee of one dollar will be charged to cover routine Institute expenses. First lectures will begin at 2 P. M., Monday afternoon. Lectures are open to all those who are interested in public health or actively engaged in the work.

For information concerning the Institute, address State Department of Health, Hartford, Conn.

RECENT BOOKS

SYNOPSIS OF PEDIATRICS. By John Zahorsky, A.B., M.D., F.A.C.P. Assisted by T. S. Zahorsky, B.S., M.D. Third Edition, pp. 430, with 144 illustrations. Cloth, \$4.00. The C. V. Mosby Company, St. Louis, 1939.

This third edition has been completely revised and brought up to date. As has been brought out in the preface it is not a text book, but rather a condensation of modern Pediatric knowledge into a small book. This is an excellent reference book for the pediatrician, general practitioner,

student, and nurse, but is not meant to take the place of larger text books or systems when serious study is considered. The essential points in symptomatology, diagnosis, and treatment are covered in this book.

The book is divided into sixty chapters covering the main points taken up in the lectures and recitations given in the curricula of most medical schools. There are about 144 illustrations in addition to 9 colored plates. These illustrations (including numerous charts) and colored plates are admirably scattered throughout the book and are of great help in the reading of the text.

The book is well bound and well printed. The subject matter is clear and always to the point. The information given is authoritative and not dogmatic. It is a book which when in the hands of a busy practitioner will save a great deal of time looking around for required information.

JOHN LANGDON, M.D.

PRIMER OF ALLERGY. By Warren T. Vaughan, M.D., pp. 140, with 19 illustrations. Cloth, \$1.50. The C. V. Mosby Company, St. Louis, 1939.

"A guide book for those who must find their way through the mazes of this strange and tantalizing state." This is the author's description of his book, and an allergic patient who studies it carefully will obviously increase his chances of getting relief. By understanding what the doctor is trying to do, the patient can not only carry out directions more correctly, but can often do successful detective work of his own.

The book is, however, more than a guide for patients. It is a complete although brief description of the specific diagnosis and treatment of allergy. The simple and informal style, in contrast to the ponderous and conventional form of a scientific treatise, seems to be especially adapted to this complicated subject. At any rate we have here a clear and easily understood exposition of the science of allergy as practised by one of its ablest exponents.

WILLIAM P. BUFFUM, M.D.

ANNUAL REPRINT OF THE REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR 1938. Cloth. Price, \$1.00. Pp. 120. Chicago: American Medical Association, 1939.

Among the preliminary reports in this volume that on Sulfapyridine, which carries a special article by Dr. Perrin H. Long, a Council member who has been much concerned with the work on this drug, is perhaps of greatest interest. After the Food and Drug Administration had released the drug for use of physicians early in 1939, the Council accepted various brands for inclusion in N. N. R. and in connection with the published descriptions issued another status report (J. A. M. A. 112:1830, May 6, 1939) based on a questionnaire sent to men who had been prominent in the experimental use of the drug. This report, no doubt, will

appear in the next volume of reprinted Council reports. Other preliminary reports are the following: Allantoin, a preparation of glyoxyldiureid purposed to supersede the use of surgical maggots; and Sulfapyridine, published shortly before the Council acceptance of this new chemotherapeutic drug.

Among the reports of rejection the following are noteworthy: Collodaurum, a "colloidal gold" preparation, promoted with unwarranted, exaggerated and misleading claims for its use in the treatment of cancer; Dermo-G, stated to be a mixture of Spermaceti, White Wax, Oil of Sweet Almonds, Sodium Borate, Precipitated Sulphur and Water, an unscientific and superfluous mixture marketed under a therapeutically suggestive name with exaggerated, unwarranted claims; Fru-T-Lax, a needlessly complex and unscientific mixture advertised to the public under a misleading and inadequately descriptive name with claims which are unwarranted; and Hyposols Sulisocol, claimed to be "Sulphur Colloid" in 2 cc. of "Autoisotonized Solution," exploited for use in arthritis with inadequate evidence of its therapeutic value. Other rejections are explained in the reports on Map and Myoston, Nupercainal-"Ciba," Pulvoids Sulfanilamide and Sodium Bicarbonate (The Drug Products Co., Inc.), Quinoliv, Sedormid, and Tri-Costivin.

ACCEPTED FOODS, AND THEIR NUTRITIONAL SIGNIFICANCE, a publication of the Council on Foods of the American Medical Association. Cloth, Price, \$2.00 postpaid. Pp. 512; Chicago: American Medical Association, 1939.

Accepted Foods, and Their Nutritional Significance contains descriptions and detailed information regarding the chemical composition of more than 3,800 accepted products, together with a discussion of the nutritional significance of each class of foods. The book provides also the Council's opinion on many topics in nutrition, dietetics and the proper advertising of foods.

This book will be a welcome reference book for all persons interested in securing authoritative information about foods, especially the processed and fabricated foods which are widely advertised. The accepted products are classified in various Categories; fats and oils; fruit juices including tomato juice; canned and dried fruit products; grain products; preparations used in the feeding of infants; meats, fish and sea foods; milk and milk products other than butter; foods for special dietetic purposes; sugars and syrups; vegetables and mushrooms; and unclassified and miscellaneous foods, including gelatin, iodized salt, coffee, tea, chocolate, cocoa, chocolate flavored beverage bases, flavoring extracts, dessert products, baking powder, cream of tartar, baking soda, cottonseed flour. There is a suitable subject index as well as an index of all the manufacturers and distributors of food products that stand accepted by the Council on Foods.

Accepted Foods is indispensable for the library of every physician concerned with foods and nutrition.